

CLAIMS

(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
Total Claims (37 CFR 1.16(c) or (j))	<u>20</u> - 20* =	<u>0</u>	X \$ <u>18.00</u> =	\$ <u>0</u>
Independent Claims (37 CFR 1.16(b) or (j))	<u>5</u> - 3** =	<u>2</u>	X \$ <u>80.00</u> =	\$ <u>160.00</u>
Multiple Dependent Claims (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	\$ _____
			BASIC FEE (37 CFR 1.16(a))	\$ <u>710.00</u>

Total of above Calculations = \$ 870.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27). \$ _____

TOTAL = \$ 870.00

* Reissue claims in excess of 20 and over original patent.

** Reissue independent claims over original patent.

6. Small entity status: Applicant claims small entity status. See 37 CFR 1.27.

7. X The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 02-2666.

a. X Fees required under 37 CFR 1.16.

b. X Fees required under 37 CFR 1.17.

c. X Fees required under 37 CFR 1.18.

8. X A check in the amount of \$ 870.00 is enclosed.

9. Payment by credit card. Form PTO-2038 is attached.

10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.

11. New Attorney Docket Number, if desired _____
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)

12. a. Receipt for Facsimile Transmitted CPA (PTO/SB/29A)

b. X Return Receipt Postcard (Should be specially itemized, See MPEP 503)

13. **Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. (Reminder: First investigate foreign filing question).**

14. Other: _____

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

_____ Customer Number or Bar Code Label
OR _____ (Insert Customer No. or Attach Bar Code Label here)

_____ New Correspondence Address Below

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____ TELEPHONE _____ FAX _____

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Cynthia Thomas Faatz SIGNATURE Cynthia Thomas Faatz

REGISTRATION NO. 39,973 DATE August 24, 2001

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**FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$) 870.00

Complete if Known:

Application No. 09/235,062
Filing Date January 20, 1999
First Named Inventor Jeffrey L. Schiffer
Group Art Unit 2681
Examiner Name Green, M.
Attorney Docket No. 42390.P6280

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METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666
Deposit Account Name _____

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check

Credit Card

Money Order

Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
101	710	201	355	Utility application filing fee	<u>710.00</u>
106	320	206	160	Design application filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional application filing fee	_____
SUBTOTAL (1) \$					<u>710.00</u>

2. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid	
Total Claims	<u>20</u>	- 20** =	<u>0</u>	X	<u>18.00</u>	=	<u>0</u>
Independent Claims	<u>5</u>	- 3** =	<u>2</u>	X	<u>80.00</u>	=	<u>160.00</u>
Multiple Dependent						=	

**Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 160.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for ex parte reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for reply within first month	_____
116	390	216	195	Extension for reply within second month	_____
117	890	217	445	Extension for reply within third month	_____
118	1,390	218	695	Extension for reply within fourth month	_____
128	1,890	228	945	Extension for reply within fifth month	_____
119	310	219	155	Notice of Appeal	_____
120	310	220	155	Filing a brief in support of an appeal	_____
121	270	221	135	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive - unavoidable	_____
141	1,240	241	620	Petition to revive - unintentional	_____
142	1,240	242	620	Utility issue fee (or reissue)	_____
143	440	243	220	Design issue fee	_____
144	600	244	300	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Processing fee under 37 CFR 1.17(q)	_____
126	180	126	180	Submission of Information Disclosure Stmt	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	_____
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	_____
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	_____
179	710	279	355	Request for Continued Examination (RCE)	_____
169	900	169	900	Request for expedited examination of a design application	_____
195	300	195	300	Publication fee for early, voluntary, or normal publication	_____
196	300	196	300	Publication fee for republication	_____
194	130	194	130	Request for voluntary publication or republication	_____
098	130	098	130	Processing fee under 37 CFR 1.17(i)	_____
091	1,240	091	1,240	Acceptance of unintentionally delayed claim for priority	_____

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Cynthia Thomas FaatzSignature: Cynthia Thomas Faatz Date: August 24, 2001Reg. Number: 39,973 Telephone Number: 408-720-8300

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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EXPRESS MAIL CERTIFICATE OF MAILING

"Express Mail" mailing label number: EL617183922US

Date of Deposit: August 24, 2001

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

Mara E. Brown

(Typed or printed name of person mailing paper or fee)

Mara E. Brown
(Signature of person mailing paper or fee)

8/24/01
(Date signed)

Serial/Patent No.: 09/235,062 Filing/Issue Date: 01/20/1999
Client: Intel Corporation
Title: METHOD AND APPARATUS FOR INTEGRATING AN INTENTIONAL RADIATOR IN A SYSTEM
BSTZ File No.: 42390.P6280 Atty/Secty Initials: CTF/mzb
Date Mailed: 08/24/01 Docket Due Date: 08/24/01
The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

<input type="checkbox"/> Amendment/Response (____ pgs.)	<input type="checkbox"/> Express Mail No.: _____	<input checked="" type="checkbox"/> Check No. <u>44876</u>
<input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate)	<input type="checkbox"/> _____ Month(s) Extension of Time	Amt: <u>\$870.00</u>
<input type="checkbox"/> Application - Utility (____ pgs., with cover and abstract)	<input type="checkbox"/> Information Disclosure Statement & PTO 1449 (____ pgs.)	<input type="checkbox"/> Check No. _____
<input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.)	<input type="checkbox"/> Issue Fee Transmittal	Amt: _____
<input type="checkbox"/> Application - Rule 1.53(b) Divisional (____ pgs.)	<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.)	<input type="checkbox"/> Petition for Extension of Time	
<input checked="" type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (<u>2</u> pgs.)	<input type="checkbox"/> Petition for _____	
<input type="checkbox"/> Application - Design (____ pgs.)	<input checked="" type="checkbox"/> Postcard	
<input type="checkbox"/> Application - PCT (____ pgs.)	<input type="checkbox"/> Power of Attorney (____ pgs.)	
<input type="checkbox"/> Application - Provisional (____ pgs.)	<input checked="" type="checkbox"/> Preliminary Amendment (<u>9</u> pgs.)	
<input type="checkbox"/> Assignment and Cover Sheet	<input type="checkbox"/> Reply Brief (____ pgs.)	
<input checked="" type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Response to Notice of Missing Parts	
<input type="checkbox"/> Declaration & POA (____ pgs.)	<input type="checkbox"/> Small Entity Declaration for Indep. Inventor/Small Business	
<input type="checkbox"/> Disclosure Docs & Orig. & Copy of Inventor's Signed Letter (____ pgs.)	<input type="checkbox"/> Transmittal Letter, in duplicate	
<input type="checkbox"/> Drawings: _____ # of sheets includes _____ figures	<input checked="" type="checkbox"/> Fee Transmittal, in duplicate	

☐ Other: _____